



COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

entitled: METHOD AND APPARATUS FOR PROVIDING DATA FROM A DATA SOURCE TO A DATA

	CONSUM	ER, AND FOR REN	DERING I	DATA FROM A I	DATA PROVI	DER TO AN IN	TERFACE
	the specific	cation of which:					
(a)	X is atta	ched hereto.					
(b)	was file	ed on	as	Serial No. 0) /	or	
		ail No		, as Seria	al No. not yet	known, and was	amended on
	(if applicab						
(c)	was de	scribed and claimed in	PCT Intern	ational Applicatio	n No	/: C	filed;
	on		and amende	ed under PCT Arti	cle 19 on	(if any	7).
		nave reviewed and und amendment referred to		contents of the abov	ve identified spo	ecification, includi	ng the claims,
	owledge the d l Regulations	uty to disclose inform '1.56(a).	ation which	is material to pate	ntability in acc	ordance with Title	e 37, Code of
			PRIOR	ITY CLAIM			
invente States certific	or's certificate of America is ate or any Percentage of any Percentage of the percen	gn priority benefits und e or of any PCT internalisted below and have CT international apples on the same subject m	ational apple also identication(s) de	ication(s) designat ified below any fo esignating at least	ing at least one oreign applicat one country o	e country other the tion(s) for patent other than the University	an the United or inventor's ited States of
		plications have been fitions have been filed a					
		EST FOREIGN APP (6 MONTHS FOR D					
COUN	ΓRY	APPLICATION NUM	IBER	DATE OF FILING (day, month, year)	PRIORITY UNDER 35		
					Yes	No	
					Yes	No	
					Yes	No	
		OREIGN APPLICA (6 MONTHS FOR D					



POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

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The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from:

Name(s) of authorized representative(s)

Address

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

Send Correspondence To:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

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CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

X This declaration ends with this page.